

FACSIMILE COVER SHEET

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November 3, 2003

TO: Examiner Strzelecka (TC1600)**GROUP:** 1637**FAX NUMBER:** 703-872-9306**ATTORNEY DOCKET NO.:** DEX-0259**SERIAL NO.:** 10/000,256**FILED:** November 1, 2001**NUMBER OF PAGES:****MESSAGE:** Attached please find Amendment Transmittal Letter, Reply to Restriction Requirement and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

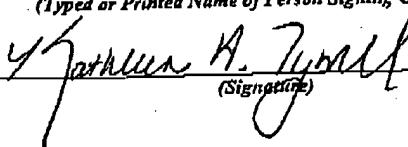
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. DEX-0259
Applicant(s): Sun et al.			
Serial No. 10/000,256	Filing Date November 1, 2001	Examiner Strzelecka, Teresa E.	Group Art Unit 1637
Invention: Compositions and Methods Relating to Prostate Specific Genes and Proteins			
<p>I hereby certify that this <u>Reply to Restriction Requirement</u> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>November 3, 2003</u> <small>(Date)</small></p> <p>Kathleen A. Tyrrell <small>(Typed or Printed Name of Person Signing Certificate)</small></p> <p> <small>(Signature)</small></p> <p>Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DEX-0259	
Applicant(s): Sun et al.					
Serial No. 10/000,256	Filing Date November 1, 2001	Examiner Strzelccka, Teresa		Group Art Unit 1637	
Invention: Compositions and Methods Relating to Prostate Specific Genes and Proteins					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19 -	20 =	0	x \$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
 <i>Kathleen A. Tyrrell</i> <i>Signature</i> Kathleen A. Tyrrell, Registration No. 38,350					
LICATA & TYRRELL P.C. 66 East Main Street Marlton, New Jersey 08053 Tel: 856-810-1515 Fax: 856-810-1454					
I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.					
<i>Signature of Person Mailing Correspondence</i>					
<i>Typed or Printed Name of Person Mailing Correspondence</i>					